Revised December 1974

ALIFUKNIA LIUUID WASIE HAULER RECORD

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SFUND RECORDS CTR STATE DEPARTMENT OF HEALTH 999000754 HAULER OF WASTE (Must be filled by hauler) PRODUCER OF WASTE (Must be filled by producer) ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 CODE NO. Phone: (213) 321-1392 State Liquid Waste Hauler's Registration No. (if applicable) No. of Loads or Trips: ______ Unit No. _____ Type of Process which Produced Wastes: CODE NO. ______barrels, □ flatbed, □ of her (Examples: metal plating, equipment cleaning, oil drilling -Vehicle: Vacuum truck wastewater treatment, pickling bath, petroleum refining) The described waste was hauled by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of perjury that the foregoing is true and correct. 11. Contaminated soil and sand 1. Acid solution 6. Tetraethyl lead sludge AUTHORIZED AGENE AND TITLE 2. Alkaline solution 7. Chemical toilet wastes 12. Cannery waste DISPOSER OF WASTE (Must be filled by disposer) 3. Pesticides 13. D Latex waste 8. Tank bottom sediment 4. Paint sludge 9. 🗌 Oil 14. Mud and water Name (print or type): 15. 🔲 Brine 5. Solvent 10. Drilling mud Site Address: The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify) material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. (Examples: Hydrochloric acid, lime, caustic soda, Concentration: Upper phenolics, solvents (list), metals (list), Lower ppm Quantity measured at site (if applicable): _______State fee (if any): organics (list), cyanide) Handling Method(s): ☐ recovery treatment (specify). (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) disposal (specify): pond spreading disposal (specify): pond spreading disposal (specify): other (specify): _ If waste is held for disposal elsewhere specify final location: Disposal Date:__ Hazardous Properties of Waste: I certify (or declare) under penalty of perjury that the foregoing is true and correct. ☐ corrosive ☐ explosive toxic ☐ flammable UTHORIZED AGENT AND TITLE ☐ tons Bulk Volume: The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. ☐ drums ☐ cartons Physical State: Special Handling Instructions (if any): The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING I certify (or declare) under penalty of perjury that the foregoing is true and correct. HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. D.O.T. Proper Shipping Name